## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR							Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBMITTED 10/12/2005			Applicant Ident	ifier
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY	STATE		State Application	on Identifier
Application	Pre-application	n .					
☑ Construction	Construct	ion	4. DATE RECEIVED BY	FEDERAL AGE	NCY	Federal Identifi	er
Non-Construction	Non-Const	ruction					
5. APPLICANT INFORMATION Legal Name:				Organizationa	al Unit:		
				Department:			
Mattole Salmon Group, Inc.				N/A Division:			
Organizational DUNS: 835691445				N/A			
Address:			The state of the s	Name and tele	aphone	number of per	son to be contacted on matters
Street: 1890 Lighthouse Rd (PO Box 188) RECEIVED			ECFIVED			First Name:	coue,
,		1 1 1	The Paris I I Care Annual Paris	Prefix: Mr.		Tom	
City: Petrolia	'		IAN 1 3 2006	Middle Name			
County:		٠	IAIN - COOO	Last Name Campbell			
Humboldt State:	Zip Code		= OLEADINO HOHE				
State: CA	95558	STAI	E CLEARING HOUSE				
Country:			MANAGEMENT A JOHN ALL MENTER HAT THEIR FAMOUS THEORY PRAY OF LONG CONTROLS AND SECURE AND ALL SE	⊹Email:   tom@mattoles	salmon.c	org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (E	IN):		Phone Number	r (give an	ea code)	Fax Number (give area code)
94-2762508	7			707-629-3433			707-629-3435
8. TYPE OF APPLICATION:	<u> </u>			7. TYPE OF A	PPLICA	NT: (See back	of form for Application Types)
₽ New	v ITI Cou	ntinuatio	n T Revision	O-Non profit or	manizati	on	
If Revision, enter appropriate lett	er(s) in box(es)			'	_	Oil	
(See back of form for description	or letters.)		Π	Other (specify)			
Other (specify)  9. NAME OF FEDERAL AGENCY:							
10. CATALOG OF FEDERAL I	OMESTIC AS	SISTANC	E NUMBER:	11. DESCRIPT	NVE TIT	LE OF APPLIC	CANT'S PROJECT:
			1 1-4 6 3	East Mill Creel	k Salmo	n Migration Bar	тіег Removal Project
TITLE (Name of Program):							
TITLE (Name of Program): Habitat Conservation							
12. AREAS AFFECTED BY PR	, .		•				
Mattole River Watershed, Petro	lia, Humboldt C	ounty, Ca	alifornia	14. CONGRESSIONAL DISTRICTS OF:			
13. PROPOSED PROJECT Start Date:	Ending Date			a. Applicant	SIONA	LDISTRICTS	b. Project
07/01/2007	11/15/2008			CA 1st			CA 1st
15. ESTIMATED FUNDING:	*						REVIEW BY STATE EXECUTIVE
a. Federal \$		**************************************	- 00	ORDER 12372	IS PRE	APPLICATION	APPLICATION WAS MADE
NOAA Fisheries			287,840	] <sup>a. res.</sup> ∧v	/AILABL	E TO THE STA	TE EXECUTIVE ORDER 12372
b. Applicant Mattole Salmon Group			36,012	PR	CCESS	FOR REVIEW	ON
c. State \$			20,000	DA	ATE: 1/1	3/2006	
CA Dept of Fish and Game			000	PR	ROGRAN	IS NOT COV	ERED BY E. O. 12372
Landowners and Volunteer	**		90,758 `	b. No.		DAMELIA C NIOT	DEEN CELECTED BY STATE
e. Other USBLM			6,000	1 1 1	R REVI		F BEEN SELECTED BY STATE
f. Program Income \$			0 .				IT ON ANY FEDERAL DEBT?
g. TOTAL \$			440,610	Yes If "Yes"	" attach	an explanation	. 🗹 No
18. TO THE BEST OF MY KNO	WLEDGE AND	BELIEF	, ALL DATA IN THIS APP	LICATION/PRE	APPLIC	ATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF				HE APPLICAN	TAND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	THE ASSISTAN	IOL IO A	WANDED.				
Prefix Mr.	First Name Tom				Middle 1 C	Name	
Last Name Campbell	<u> </u>				Suffix		
b. Tille Executive Director				c. Telephone Number (give area code) 707-629-3433			give area code)
d. Signature of Authorized Representative				(707-029-3433 e. Date Signed 1/13/2006			
Previous Edition Usable	yth [				1, 13/20		Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	ń						Prescribed by OMB Circular A-102

EEDEDAL ASSISTAN	ICE	)	2. DATE SUBMITT	ITED			nt Identifier		
FEDERAL ASSISTAN	ICE				•				
1. TYPE OF SUBMISSION:			3. DATE RECEIVE	D BY STATE		State Ap	oplication Identifi	er	
Application	Preapplic	ation		-					7
Construction	Const	truction	4. DATE RECEIVE	D BY FEDERA	L AGENCY	Federa	Ide MECE	EIVED	
✓ Non-Construction	Non-C	Construction						0 0000	
5. APPLICANT INFORMATION				Organizatio	onal Unit:		JAN I	<b>3</b> 2006	
* Legal Name: Acterra, Action	for a Susta	ainable Earth / SP0	cwc	Department:			STATE CLEA	RING HOUSE	
* Organizational DUNS:	12136567	70		Division:		_			J
Address:				Name and telephone number of person to be contacted on matters involving this application (give area code)					
* Street1: 3921 East Bayshore	Road		-	Prefix: Mr.		rst Name:	Michael	- No Million	
Street2:						ist ivallie.	IWIIGIIaei		
* City: Palo Alto	. Co	ounty Snata Cla	ra	Middle Name					
* State: CA * Zip C	Code: 9430	3-4303 * Coun	try USA	Suffix:		Email: mo	closson@acterra	.org	
6. * EMPLOYER IDENTIFICATIO	N NUMBE	R (EIN):		┪	ber (give area		Fax Number (g		
23-7064937				650-962-987			(650) 962-8234		
8. TYPE OF APPLICATION:	-			7. * TYPE OF	APPLICAN	r: ˈːation (0	Other than Institu	ition of F	
✓ New ☐ Continuati	on 🗌	Revision		7.* TYPE OF APPLICANT: cation (Other than Institution of F					
If Revision, enter appropriate letter									
A. Increase Award B. Decrease Award C. Increase Duration				9. * NAME O	F FEDERAL	AGENCY:			
D. Decrease Duration Other (specify):				National Oce	anic and Atm	ospheric A	Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.463				11 * DESCE	IDTIVE TITL	E OE ADD	LICANT'S PRO	IECT:	
TITLE: Habitat Conservation				1				vens Creek, Moun	ntain
				11 1	Clara County	-		rens Oreek, Moun	itani
12. * AREAS AFFECTED BY PRO		(Cities, Counties, States,	1						
Mountain View,Santa Clara, Califo	ornia								Į.
13. * PROPOSED PROJECT:				14. * CONGRESSIONAL DISTRICTS OF:					
* Start Date		* Ending Date		* a. Applicar	t	MIAAHAWWW.	* b. Project		
10/01/2006		09/30/2008		14			14 & 15		
15. * ESTIMATED FUNDING:							REVIEW BY ST	TATE EXECUTIV	E
* a. Federal	\$	249,000.	00		72 PROCESS		LICATION WAS M	IADE AVAILABLE T	ΓΟ
* b. Applicant	\$	2,000.	00				72 PROCESS FOR		
* c. State	\$	60,000.	00	✓ Y	ES DATE	01/1	13/2006		
* d. Local	\$	0.	00	b.	ROGRAM IS N	IOT COVE	RED BY E.O. 1237	′2	
* e. Other	\$	130,000.	00		R PROGRAM	HAS NOT	BEEN SELECTED	BY STATE FOR R	EVIEW
* f. Program Income	\$	0.	00	17. IS THE A	PPLICANT D	ELINQUE	NT ON ANY FE	DERAL DEBT?	
g. TOTAL	\$	441,000.	00	Yes	If "Yes," atta	ch an exp	lanation.	<b>✓</b>	No
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT								JLY AUTHORIZED BY	/ THE
a. Authorized Prefix: Mr.	*	First Name: Mor	ndy		Middle N	ame			
Representative * Last Name:	Lariz						Suffix:		
* b. Title: Executive Director	L		* c. Tele	phone Number	(give area co	de): (408	3) 356-8258		
* Email: ed@spcwc.org			Fax Nur	mber (give area	code):	(650	0) 962-8234		
I. Signature of Authorized Representative: Completed on submission to Grants.gov e. Date Signed: Completed on submission to Grants.gov						.gov			

Version 9/03

APPLICATION FOR		2. DATE SUBMITT	ED	Applicant Identifier			
FEDERAL ASSISTAN	ICE	01/13/2006		Napa County RCD			
		3. DATE RECEIVE	D BV STATE	State Application Identifier			
1. TYPE OF SUBMISSION:	Durantination	3. DATE RECEIVE	DETSIALE				
Application	Preapplication	L-		:	<u> l</u>		
Construction	Construction	A The State of the State	Maria Salaman da Salaman	, ,			
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			Organizational Unit:	THE CONTRACT OF THE CONTRACT O			
* Legal Name: Napa County F	Resource Conservation Distri	ict	Department;				
* Organizational DUNS:	555576180		Division:				
Address:			Name and telephone nur this application (give are	mber of person to be contacted a code)	on matters involving		
Street1: 1303 Jafferson Street	91		Prefix: Ms.	First Name: Lara			
Street2: Suite 500B			Middle Name:				
* City: Napa	County Napa			4			
State: CA Zip 6	Code: 94559 Co	untry USA	* Leat Name:   Hadhaz		411		
L			T				
6 EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	ンEIVED 13 2006	Phone Number (give at		/e area code)		
94-1569332	<u>JAN</u>	1 3 2000	707-252-4188 ×103	707-252-4219			
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: Special District			
	cion La Revision CLE	ARING HOUSE	<u></u>				
If Revision, enter appropriate lette	r(s) in box(es)			44.3 × "1"			
A. Increase Award B. Decrease Awa	1 *** * * * * * * * * * * * * * * * * *	The state of the s	9, NAME OF FEDERA				
D. Decrease Duration Other (spacify):			National Oceanic and A	tmospheric Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.463			11. DESCRIPTIVE TIT	LE OF APPLICANTS PROJE	<b>€C</b> T:		
TITLE: Habitat Conservation	***************************************		Dry Creek Fish Barrier	Removal			
		1 11 100 100	4				
12. * AREAS AFFECTED BY PR		, ara,): 					
Outer limits of Napa, Napa Coun	ty, CA		.	11 19			
13.) PROPOSED PROJECT:			14. * CONGRESSIONAL DISTRICTS OF:				
* Start Date	* Ending Date	7141414 - 11411417	a, Applicant	* b. Project			
	05/09		1	1			
15. ESTIMATED FUNDING:	03/07		18 IS APPLICATION S	UBJECT TO REVIEW BY ST	ATE EXECUTIVE		
<del></del>			ORDER 12372 PROCE	SS?			
a, Federal	\$ 259750		a. YES, THIS PREAPPLI	CATION/APPLICATION WAS MA ORDER 12372 PROCESS FOR	ADE AVAILABLE TO REVIEW ON:		
b. Applicant Landowner	\$ 7250	<u></u>	V YES DA				
* c. State	\$ 340000			S NOT COVERED BY E.O. 1237	106		
* d. Local	s 12500			M HAS NOT BEEN SELECTED			
"e, Other	\$			DELINQUENT ON ANY FED			
"I. Program Income NXC5	\$ 25.000	2		ittach an explanation.	✓ No		
B. TOTAL  18. TO THE BEST OF MY KNOWLEDG	\$	A A DOLLO A TION (PREA BRI			DULY AUTHORIZED BY THE		
18. " TO THE BEST OF MY KNOWLEDG GOVERNING BODY OF THE APPLICAN	IT AND THE APPLICANT WILL CO	MPLY WITH THE ATTACH	ED ASSURANCES IF THE ASSIS	STANCE IS AWARDED.			
a, Authorized Prefix:	* First Name:	Robert	Middle	Name			
Representative Last Name	Zlomke			Suffix:			
- b. Title: District Manager		" c. Tel	ephone Number (give area	code): 707-252-4188 x106			
Email: bob@neparcd.org	7,-30	Fax Nu	mber (give area code):	707-252-4219			
d. Signature of Authorized Repre	sentative:	Acoulom-Ession to	Grants.gov e. Date	Signed: Completed on sub-	nission to Grams gov		
					Standard Form 424 (Rev. x-xx)		

PAGE 02

4154564992

APPLICATION FOR FEDERAL ASSISTANCE	•		2. DATE S	UBMITTED 1	3 January 20	006	Applicant Identifi	Vereion 7	
1. TYPE OF SUBMISSION:							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Application	D-acoli	<del>tallan</del>	J. DATER	ECEIVED BY	31AIE 13 JE	inuary 2006	State Application	Indenutier	
Construction	Pre-appli	outon Natruction	4. DATE R	ECEIVED BY	FEDERAL A	BENCY	Federal Identifier		
Non-Construction		n-Construction	,				r woodal loomuler		
& APPLICANT INFORMATI		N-CONSTRUCTION	<u>L</u>					The state of the s	
Legal Name:	ON		<b></b>		Organizat	Ional Unit:			
Friends of Corte Made	ana Cre	ak Watershe	d				NONE		
Organizational DUNS: No					Department: NONE Division: NONE				
Address;					Name and	telephon	e number of pe	rson to be contacted on matter	
Street: NONE		DECE	IVE		involving	this applic	cation		
P.O. Box 415			- 000°C		Prefix: Ma	B.	First Name: Sa	ndra	
City: Larkspur		JAN I	3 2006		Middle Na	me	Gay		
County: Marin		mc	DING HO	USE	Last Nam	•	Guidmen		
State: California	ZIP: 949	STATE CLEA	MINOTIC		Suffix:				
Country: USA		And the second s			Email: Inf	o@fflended	fcortemaderacri	eek .	
6. EMPLOYER IDENTIFIC	ATION	NUMBER (EIN)			Phone:	•		Fex:	
68-0365270		, ,			(415) 456-	5052		(415) 458-4992	
8. TYPE OF APPLICATIO	N;	<u> </u>			7. TYPE C	F APPLIĆ	ANT:		
₩ New		Continuation		Revision	0				
					9. NAME	OF FEDER	AL AGENCY: N	IOAA Fisheries	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				JMBER:	11. DESC	RIPTIVE T	TLE OF APPLIC	CANT'S PROJECT:	
11.483					Seunders	Fishway R	eplacement. Sac	n Anselmo Creek:	
TITLE (Name of Program)  12. AREAS AFFECTED B	Y THE F			rrit <u>-</u>	barrier to s install a fla currently o	elmonid pe hway that i ccupy the s	issage. We prop meets current pe stream (steelhee	es San Anselmo Creek includes a loose to remove the barrier and loosage criteria for salmonids that id and Chinook salmon) or that	
			MICHIG					(coho salmon).	
13. PROPOSED PROJEC Start Date:	Ending (	Doto			14. CONGRESSIONAL DISTRICTS OF:  a. Applicant 6 b. Project 6				
	Februar				a. Appacai	M.	6	b. Project 6	
16. ESTIMATED FUNDING	3					2372 PROC	CE887	EVIEW BY STATE EXECUTIVE	
a. Federal				\$294,150,00				TION WAS MADE AVAILABLE TO	
b. Applicant		<del></del>					PROCESS FOR	ECUTIVE ORDER 12372 REVIEW ON	
	**			\$33,000.00	1		DATE: 13 Janua		
c. State		• •		\$150,000.00	4		. 10 dans	, 2000	
d. Local		· · · · · · · · · · · · · · · · · · ·		\$0.00	b. No			NOT COVERED BY E.O. 12372	
e. Other			•	\$0.00			STATE FOR RE	NOT BEEN SELECTED BY	
f. Program Income				\$0.00	17. IS THE	APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBTS?	
g. TOTAL				\$477,150.00	☐ Yes			No X	
ASSURANCES IF THE AS	SISTAN	HE RULING BOL	Y OF THE	DATA IN THE APPLICANT	APPLICATION AND THE	TION ARE APPLICAN	TRUE AND COI	RRECT, THE DOCUMENT HAS Y WITH THE ATTACHED	
a. <u>Authorized Representati</u> Prefix	irst Ner	T-A				- Y	Mád) a Al		
Ms.		Sandra				ľ	Middle Name		
Last name							Gay		
Guldman							Suffix		
b. Title	······································	Ţ.				<del> </del> ,	c. Telepone Nun	nber	
President						ľ		(415) 458-5052	
d. Signature of Authorized	Represe					· · · · · · · · · · · · · · · · · · ·	e. Date signed	,	
_sands	<u> </u>	- Xful	dn	un-			•	13 January 2006	

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ide	Version 7/0	
1. TYPE OF SUBMISSION:		01/1 3. DATE RECEIVED E	2/2006 BY STATE	State Applica	tion identifier	
Application	Pre-application					
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	mer	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Unit:	1		
COUNTY OF SAN DIEGO			Department:	PUBLIC WORK	(S	
Organizational DUNS: 00-95816	546		Division: AIRPORTS			
Address:			Name and telephone	number of pe	erson to be contacted on matters	
Street:			involving this applic	ation (give are	ea code)	
1960 JOE CROSSON DR.					ETER	
City: EL CAJON			Middle Name			
County: SAN DIEGO			Last Name DRINKWA	ATER		
State: CA	Zip Code 92020	V	Suffix:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Country;	92020		Emall:			
6. EMPLOYER IDENTIFICATION	N NIIMBER (EIAI)		PETER, DF		adcounty.ca.gov	
			Phone Number (give a	•	Fax Number (give area code)	
9 5 - 6 0 0 0 9 3 4 8. TYPE OF APPLICATION:			(619) 956-4800		(619) 956-4801	
☑ Ne	v 🏻 Continuation	n 🔲 Revision		ANI: (See Dac	k of form for Application Types)	
if Revision, enter appropriate let (See back of form for description	ter(s) in hoy(es)	II II Kevisidii	B	•		
(See back of furnition description	or letters.)		Other (specify)			
Other (specify)	<del></del>	<u> </u>	9. NAME OF FEDERA	AL AGENCY:	TION.	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI			
			,		CONSTRUCT HELICOPTER	
TITLE (Name of Program): AIRP	ODT 114000 (5) (5)		PAD FOR PUBLIC US	SE .		
12. AREAS AFFECTED BY PR	OJECT (Cities, Countles	States etc.):	_			
RAMONA, SAN DIEGO, CA	,	, +10100, 0101,				
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	OF:	
Start Date; TBD	Ending Date: TBD		a. Applicant 52		b. Project	
15. ESTIMATED FUNDING:	100	•		SUBJECT TO	52 REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ADDED 19373 BBAAR	**		
b. Applicant 5		95,000			APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
		250	PROCESS	FOR REVIEW	VON .	
c. State \$	,	4,750	DATE: 01	/12/2006 (Faxe	d to ((916) 323.3018)	
d. Local \$		00	b. No. I PROGRAM	A IS NOT COV	ERED BY E. O. 12372	
e. Other 5		ou -			F BEEN SELECTED BY STATE	
f. Program Income \$		UU	FOR REVI	EW		
			17. IS THE APPLICAN	II DELINQUEN	IT ON ANY FEDERAL DEBT?	
		100,000	Yes If "Yes" attach	an explanation.	. ₩a No	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS AP	PLICATION/PREAPPLIC	ATION ARE T	RUE AND CORRECT. THE	
ATTACHED ASSURANCES IF T			THE APPLICANT AND T	'HE APPLICAN	IT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name		Middle	l===		
Last Name	PETER			L.		
DRINKWATER			Suffix		,	
Title DIRECTOR OF COUNTY AIRP	DRIFS X	/ DEC	FIVER Telepi	none Number (g	give area code)	
. Signature of Authorized Repres	entative (1)	net	e. Date S	Signed		
revious Edition Usable V		OLLAN IAN	T 2 2006 -	01/12/2006	Charles Farm 484 /8-12	
uthorized for Local Reproduction	$\bigvee$	JAN	L 2000	1	Standard Form 424 (Rev.9-2003) Preacribed by OMB Circular A-102	
		STATE CL	EARING HOUSE			
		101/11/202				

APPLICATION FOR					Version 7/0
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED	) 2/2008	Applicant Ide	entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED I	BYSTATE	State Applica	ation Identifier
Construction  Non-Construction	Oonstruction Non-Construction	4. DATE RECEIVED I	BY FEDERAL AGENCY	Foderal iden	tifier
5. APPLICANT INFORMAT	ION				
Legal Name:			Organizational Unit		
COUNTY OF SAN DIEGO			Department:	PUBLIC WORL	KS
	81646		Division: AIRPORT	S	-
Address: Street:			Name and telephone	e number of po	erson to be contacted on matters
1960 JOE CROSSON DR.		•	involving this application Profix:	First Name:	ea code) ETER
City: EL CAJON			Middle Name		LIER
County; SAN DIEGO			Lasi Name	A 777	
State: CA	Zip Code		DRINKW/	AIER	
Country:	92020		Email:		
USA 6. EMPLOYER IDENTIFICA	TION NUMBER /E/NI-		Peter.Drini	kwater@sdcou	
			Phone Number (give a		Fax Number (give area code)
95-600093 8. TYPE OF APPLICATION			(619) 956-4800		(619) 956-4801
	New Continuation	n 🗍 Revision	7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)
(See back of form for descrip	tion of letters.)		Other (specify)		
Other (specify)	احما	<u> </u>	9. NAME OF FEDERA	AL AGENCY:	
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANC	E NUMBER:	FEDERAL AVIATION		
		20-106	GILLESPIE FIELD AII	RPORT - REH	ABILITATE RUNWAY 17/35 AND
TITLE (Name of Program): AIRPORTS IMPR	OVEMENT PROGRAM (AIP	1	TAXIWAYS, PHASE I	1	
12. AREAS AFFECTED BY	PROJECT (Cities, Counties,	States, etc.):			
El Cajon, CA County of San	Diego				
13. PROPOSED PROJECT Start Date:	Fault 6.4		14, CONGRESSIONA	L DISTRICTS	OF:
TBD	Ending Date: TBD		a. Applicant		b. Project 52
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$	1,553,250	ORDER 12372 PROCE	SS? APPLICATION	APPLICATION WAS MADE
b, Applicant	5	- Uu -		E TO THE STA FOR REVIEW	いた にんたいひ ロヤヒ いだいきん コンスノン・コ
c. State	\$	4,088		/17/06 (FAX & N	
d. Local	S	77,662	_		ERED BY E, O. 12372
	\$	.00	OR PROG	RAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income	\$	. Do	FOR REVI	₩W	T ON ANY FEDERAL DEBT?
	5	1,635,000			
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	OWLEDGE AND BELIEF, A Y AUTHORIZED BY THE G	LL DATA IN THIS APP	Yes If "Yes" attach a PLICATION/PREAPPLICATION THE APPLICANT AND T		No RUE AND CORRECT. THE
<ol> <li>Authorized Representative</li> </ol>	THE ASSISTANCE IS AW.	ARDED.		HE ALL FICAN	TOULE COMPLY WITH THE
Prefix	First Name PETER		Middle N	ame	
Last Name DRINKWATER			Suffix	L	
. Title DIRECTOR OF COUNTY AIR	PORTS	70 /	c. Teleph	ione Number (g	
. Signature of Authorized Repr	esentative	26) 5/2	(619) 95	06-4800	ive HIGH COOC)
revious Edition Usable	- venue	- marke	PEN/EN	01/12/2006	
uthorized for Local Reproducti	on `		VLIVED	F	Standard Form 424 (Rev.9-2003) rescribed by OMB Circular A-102
		ΔΙ.	N 1 2 2006	,	Own Gircular A-102
		1	· · + # COOO		
		STATE O	LEARING HOUSE		
		ļ	1		

APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Ide	Versiontifler .
1. TYPE OF SUBMISSION:	Daniel	3. DATE RECEIVED	01/12/06 BY STATE	State Applica	ation Identifier
Application  Construction	Pre-application  Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Iden	tifier
☐ Non-Construction	Non-Construction		·		
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Unit:		
COUNTY OF SAN DIEGO			Department:		
Organizational DUNS:		1	Division;	PUBLIC WOR	KS
00-9581 Address:	646		AIRPORTS	-	
Street:		1	involving this applic	number of p ation (give ar	erson to be contacted on ma
1960 JOE CROSSON DR.		•	Prefix;	First Name:	ETER
City:			Middle Name	<u> </u>	
County; SAN DIEGO		•	Last Name		
State:	Zip Code		Suffix:	TER	
CA Country;	92020				
USA	AN M		Emall: Peter.Drink	:water@sdcou	nty.ca.gov
5. EMPLOYER IDENTIFICATI			Phone Number (give as	ea code)	Fax Number (give area code)
95-600093 TYPE OF APPLICATION:	4	·	(619) 956-4839		(619) 956-4800
. TYPE OF APPLICATION:	n. [7] a		7. TYPE OF APPLICA	NT: (See bad	k of form for Application Type
Revision, enter appropriate le	tler(s) in hov(es)	n 🔲 Revision	В		
ee back of form for descriptio	n of letters.)	П	Other (specify)		
other (apecify)		L	9. NAME OF FEDERA	L AGENCY:	
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E AUMOND.	FEDERAL AVIATION	ADMINISTRA'	
	Pomeorio Addio (Aito	20-106	11. DESCRIPTIVE TIT		CANT'S PROJECT: SIGN AND CONSTRUCT API
ORREGO SPRINGS, SAN D  3. PROPOSED PROJECT Tarl Date:			14. CONGRESSIONAL	DISTRICTS	ÖF•
BD	Ending Date: TBD		a. Applicant 52		b. Project
5. ESTIMATED FUNDING:			l	SUBJECT TO	52 REVIEW BY STATE EXECUT
Federal \$		20	URDER 12372 PROCE	557	APPLICATION WAS MADE
Applicant \$		1,983,125	AVAILABL	E TO THE STA	TE EXECUTIVE ORDER 123
State s		5,219	_	FOR REVIEW	
		99,156	DATE: 01/	17/06 (FAX &	MAIL)
		ua	b. No. I PROGRAM	IS NOT COV	ERED BY E. O. 12372
Other	, , , , , , , , , , , , , , , , , , , ,	.00	OR PROGR	RAM HAS NOT	BEEN SELECTED BY STAT
Program Income \$		. 00	L FOR REVIE	W	IT ON ANY FEDERAL DEBT
TOTAL			1	—	SHAMI LEDEKAL DERIJ
- lm		50	d 🛌		
TO THE BEST OF MY KNO	WLEDGE AND RELIEE	2,087,500 '	Yes If "Yes" attach a		
TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AUTHORIZED BY THE G	ALL DATA IN THIS APP			
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A FACHED ASSURANCES IF T Authorized Representative	HE ASSISTANCE IS AW	ALL DATA IN THIS APP			
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF T Authorized Representative	WLEDGE AND BELIEF, AUTHORIZED BY THE GHE ASSISTANCE IS AW	ALL DATA IN THIS APP		TION ARE THE APPLICAN	
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF T Authorized Representative effix St Name	HE ASSISTANCE IS AW	ALL DATA IN THIS APP	PLICATION/PREAPPLICA THE APPLICANT AND THE	TION ARE THE APPLICAN	
TO THE BEST OF MY KNOWN CUMENT HAS BEEN DULY AT TACHED ASSURANCES IF TACHED ASSURANCES IF TACHED Representative of ix	HE ASSISTANCE IS AW First Name PETER	ALL DATA IN THIS APP	PLICATION/PREAPPLICATION THE APPLICANT AND THE MIDDER OF SUffix	ATION ARE THE APPLICAN	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF T Authorized Representative offix  BY DRINKWATER THE RECTOR OF COUNTY AIRPORT  TO THE BEST OF MY KNOW TACHED TO THE BEST OF MY KNOW TO THE	HE ASSISTANCE IS AW First Name PETER	ALL DATA IN THIS APP	CLICATION/PREAPPLICA THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICATION AND THE APPLICATI	ATION ARE THE APPLICAN  THE AP	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
TO THE BEST OF MY KNOW COMENT HAS BEEN DULY TACHED ASSURANCES IF T Authorized Representative effix  St Name  DRINKWATER TITLE RECTOR OF COUNTY AIRPORTS Signature of Authorized Representations  The county of the c	HE ASSISTANCE IS AW First Name PETER	ALL DATA IN THIS APP	CICATION/PREAPPLICA THE APPLICANT AND THE APPLICANT AND THE MIDDEN SUffix  C. Telepho	ATION ARE THE APPLICAN  THE AP	RUE AND CORRECT. THE IT WILL COMPLY WITH THE
TO THE BEST OF MY KNOWN CUMENT HAS BEEN DULY AT TACHED ASSURANCES IF TO Authorized Representative effix	HE ASSISTANCE IS AW First Name PETER DETS Entative	ALL DATA IN THIS APP OVERNING BODY OF ARDED.	CLICATION/PREAPPLICA THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICATION AND THE APPLICATI	TION ARE THE APPLICAN  THE APP	RUE AND CORRECT. THE IT WILL COMPLY WITH THE IVe area code) Standard Form 424 (Rev 9-20)
TO THE BEST OF MY KNOW COMENT HAS BEEN DULY A TACHED ASSURANCES IF T Authorized Representative effix  St Name  DRINKWATER THE TIRECTOR OF COUNTY AIRPORT Signature of Authorized Representative Vious Edition Usable	HE ASSISTANCE IS AW First Name PETER DETS Entative	ALL DATA IN THIS APPOVERNING BODY OF ARDED.	Middle No. Suffix  c. Telepho (619) 95 e. Date Si	TION ARE THE APPLICAN  THE APP	RUE AND CORRECT. THE IT WILL COMPLY WITH THE IVe area code) Standard Form 424 (Rev 9-20)
TO THE BEST OF MY KNOWN CUMENT HAS BEEN DULY AT TACHED ASSURANCES IF TO A Authorized Representative of Ix STATE OF COUNTY AIR RECTOR OF COUNTY AIR RECTOR OF AUthorized Representation of Authorized Representation of Authorized Representation of Authorized Representation Usable	HE ASSISTANCE IS AW First Name PETER DETS Entative	ALL DATA IN THIS APPOVERNING BODY OF ARDED.	CLICATION/PREAPPLICA THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICANT AND THE APPLICATION AND THE APPLICATI	TION ARE THE APPLICAN  THE APP	RUE AND CORRECT. THE IT WILL COMPLY WITH THE IVe area code) Standard Form 424 (Rev 9-20)
TO THE BEST OF MY KNOW COMENT HAS BEEN DULY A TACHED ASSURANCES IF T Authorized Representative effix  St Name  DRINKWATER THE TIRECTOR OF COUNTY AIRPORT Signature of Authorized Representative Vious Edition Usable	HE ASSISTANCE IS AW First Name PETER DETS Entative	ALL DATA IN THIS APPOVERNING BODY OF ARDED.	Middle No. Suffix  c. Telepho (619) 95 e. Date Si	TION ARE THE APPLICAN  THE APP	RUE AND CORRECT. THE IT WILL COMPLY WITH THE

* }	\				Version 7/03		
APPLICATION FOR FEDERAL ASSISTANCE	<b>E</b>	2. DATE SUBMITTED		04-054-094600	/		
. TYPE OF SUBMISSION:	T	3. DATE RECEIVED E	SY STATE	State Application	on Identifier		
application	Pre-application	4 DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifi	ег		
Construction	Construction	4. DATE RECEIVED					
Non-Construction APPLICANT INFORMATION	Non-Construction						
egal Name:		ı	Organizational Un Department:	it:			
ity of Exeter			Department.				
rganizational DUNS:	Constitution of the party of the latter of t		Division:				
ddress:	REC	CEIVED	Name and telepho	ne number of per	rson to be contacted on matters		
treet.	A About	Santra II V Annua Laur	involving this app	Eiret Mame:			
O. Box 237/137 North F Stre	JAN	0 9 2006	Mr. John				
City: Exeter		•	Middle Name	<u>_</u>	Howard		
Sounty:	STATE CL	EARING HOUSE	Last Name	]	Kunkel Jr.		
Tulare	Zip Code	The second secon	Suffix:				
State: CA	93221		Email:				
Country: JSA	•		Jkunk		Cityhall.com  Fax Number (give area code)		
S. EMPLOYER IDENTIFICATI	ION NUMBER (EIN):		Phone Number (giv (559) 592		(559) 592-3556		
94-600032	9				1 '		
TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)		
P N	ew	ion 🔲 Revision	C. Municipal				
Revision, enter appropriate le See back of form for description	etter(s) in box(es) on of letters.)		Other (specify)				
	,		9. NAME OF FED	FRAL AGENCY:			
Other (specify)			USDA Rural Deve	lopment	TO LEGIT		
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTAN	NCE NUMBER:			CANT'S PROJECT:		
		1 0-7 6 0	2005 Water Facili	ties improvement i	Project		
TITLE (Name of Program): Water and Wastewater Loans	and Grants						
12. AREAS AFFECTED BY F	PROJECT (Cities, Count	ies, States, etc.):					
Exeter, Tulare County, California							
13. PROPOSED PROJECT			14. CONGRESSIO	ONAL DISTRICTS	OF:		
Start Date:	Ending Date: 12/31/2006	,	a. Applicant		21		
03/01/2006 15. ESTIMATED FUNDING:	12/3/12006		16. IS APPLICAT	ION SUBJECT TO	REVIEW BY STATE EXECUTIV		
			ORDER 12372 PR	DREAPPLICATIO	N/APPLICATION WAS MADE		
a. Federal	\$ 3,	005,000	a. Yes. 🕍 AVAII	LABLE TO THE ST	TATE EXECUTIVE ORDER 12372		
b. Applicant	\$	. 00	PRO	CESS FOR REVIE	VI OIY		
c. State	\$	.00	DATE		•		
	\$		b. No. PRO	GRAM IS NOT CO	VERED BY E. O. 12372		
d. Local		08		ROGRAM HAS N	OT BEEN SELECTED BY STATE		
e. Other	\$	•		DEVIEW			
f. Program Income	\$	-00	17. IS THE APPL	ICANT DELINQU	ENT ON ANY FEDERAL DEBT?		
g. TOTAL	<u> </u>	.00	Tyes If "Yes" a	ttach an explanation	on. 🛮 🖾 No		
	NOW FROM AND REL	IEE ALL DATA IN THIS	ADDITIONATION	DELICATION ARE	TRUE AND CORRECT. THE		
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	LY AUTHORIZED BY 1	HE GOAEKIAIIAG DOD I	OF THE APPLICANT	AND THE APPLIC	ANT WILL COMPLY WITH THE		
a. Authorized Representative	First Name		IM	iddle Name			
Prefix Mr.	First NameJoi	nn ·		Howard			
Last Name	Kur	nkel, Jr.					
h Title		c. Telephone Number (give area code)					
City Admi	City Administrator d. Signature of Authorized Representative			D. de Olemand			
a. Signaturo di Fidulonzoa Ita	e n			)2/12/0	Standard Form 424 (Rev.9-20		

Authorized for Local Reproduction

APPLICATION FOR				<u> </u>	Version 7/03
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED January 5, 2006		Appant Ide	ntifier
1. TYPE OF SUBMISSIO Application	N: Pre-application	3. DATE RECEIVED BY		State Applica	
☐ Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	<u> </u>				
5. APPLICANT INFORM	ATION		Organizational Un	it·	
Legal Name:			Department:	16.	H
Self-Help Home Improver	ment Project (SHHIP)		<u>'</u>		
Organizational DUNS: 088852603			Division:		
Address:			Name and telepho		erson to be contacted on matters ea code)
Street:			Prefix:	First Name: Keith Griffith	
3777 Meadow View Dr., # City: Redding	<del>/</del> 100		Middle Name	Keitii Giiiiltii	·
County: Shasta			Last Name Griffith		
State: California	Zip Code 96002		Suffix:		
Country:	30002		Email: kgrif@shhip.org		
E EMPLOYED IDENTIFE	CATION NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)
			530- 378-6905		530- 378-6910
9 5 -2 9 9 0 6 8. TYPE OF APPLICATION			7. TYPE OF APPL	ICANT: (See ba	ck of form for Application Types)
	New   Continuation	on Revision	"O" Non-profit Corp	ooration	
lf Revision, enter appropri (See back of form for des	cription of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDI USDA Rural Deve		
10. CATALOG OF FEDI	ERAL DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
TITLE (Name of Program	n):	10-420	USDA Rural Deve Assistance grant ( Self-Help Housing	Sect. 523)	elf-Help Program Technical
12. AREAS AFFECTED	BY PROJECT (Cities, Countie	es, States, etc.):	Assist 40 homeow rehabilitate their h		sta and Tehama counties
13. PROPOSED PROJE	CT		14. CONGRESSIO	NAL DISTRICTS	S OF:
Start Date:	Ending Date:		a. Applicant		b. Project
June 1, 2006	May 31, 2008		2nd - CA	ON SUBJECT TO	2nd - CA O REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDII	NG:		ORDER 12372 PR		O REVIEW BY STATE EXCOUNT
a. Federal	\$	330,000	a. Yes. M THIS	PREAPPLICATIO	ON/APPLICATION WAS MADE
b. Applicant	RECEIVED	330,000	^\^\\\	ESS FOR REVIE	TATE EXECUTIVE ORDER 12372 EW ON
c. State	\$	.00	DATE	: January 5, 200	6
d. Local	JAN 0-9 2006	.00	b. No.   PROG	RAM IS NOT CO	OVERED BY E. O. 12372
e. Other	STATE CLEARING HOUS	.00 2E		ROGRAM HAS N	OT BEEN SELECTED BY STATE
f. Program Income	STATE CLEANING HOUS	.00	17. IS THE APPLI	CANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	330,000	Yes If "Yes" at	tach an explanati	on. 😢 No
40 TO THE BEST OF M	IV KNOWI EDGE AND BEI IE	E ALL DATA IN THIS A	PPLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN	DULY AUTHORIZED BY THE CES IF THE ASSISTANCE IS	E GOVERNING BODY O	F THE APPLICANT A	ND THE APPLIC	CANT WILL COMPLY WITH THE
a. Authorized Represent	ative		h a: .	Idle Name	
Prefix	First Name Keith		IVIE	uie Naille	
Last Name Griffith			Suf		
b. Title Executive Director				Telephone Numb 0- 378-6905	er (give area code)
d. Signature of Authorize	d Representative		e. I	Date Signed nuary 5, 2006	
1 -			Ja	nuary 5, 2006	

Previous Edition Usable Authorized for Local Reproduction

APPLIC	CATION FOR	₹										Version 9/03
	AL ASSISTA				2. DATE	SUBMITT	ED			ာplicant l	dentifier	
, LDLIX	, (2 ) (00,01)				01/06/20	06			1			
1. TYPE OF	SUBMISSION:				3. DATE	RECEIVE	D BY STATE			State Appl	ication Identifier	
Application		Preapp	lication									
Constru	ction	Con	struction		4. DATE I	RECEIVE	O BY FEDERA	AL AGI	ENCY	Federal Ide	entifier	
✓ Non-Cor	nstruction	☐ Non	-Construc	tion								
5. APPLICA	ANT INFORMATIO	N					Organizat	ional l	Jnit:			
* Legal Nam	ne: Advocates for	or Human P	otential, Ind	Э.			Department	: [			A CONTRACTOR OF THE STATE OF TH	
* Organizati	onal DUNS:	195057	666				Division:					
Address:							Name and to				n to be contacted on matter	s involving
* Street1:	490-B Boston Pos	st Road						ion (gr		Name:	Androu	
Street2:							Prefix: Dr.	- F		i Name. [/	Andrew	
* City:	Sudbury	(	County	Middlese	x		Middle Nam	<u> </u>				
* State:	MA * Zij	p Code: 017	776	* Cour	ntry U	SA	* Last Name	e: Kle				
6. * EMPLO	YER IDENTIFICAT						Suffix:		* Em	L	n@ahpnet.com	
04-2909410			-·· ( <i>Lii</i> v).				* Phone Nun 98-261-1435		jive area c		Fax Number (give area cod 978-443-4722	ə) ————
8. TYPE OF	APPLICATION:						7. * TYPE O	F APP	LICANT:	Sı	mall Business	
✓ New	Continua	ation	Revisio	n			7.* TYPE OF APPLICANT: Small Business Other (specify)					
If Revision, enter appropriate letter(s) in box(es)												
A. Increase Award B. Decrease Award C. Increase Duration					9. * NAME C	OF FED	DERAL AG	ENCY:				
D. Decrease Du	uration Other (specif	y):					National Inst	titute o	f Justice			
10. CATALO	G OF FEDERAL D	OMESTIC	ASSISTAN	CE	16.5	60	11 * DESCE	DIDTIV	ETITLE	DE ADDI IO	CANT'S PROJECT:	
TITLE: Nation	nal Institute of Justic	ce Research,	Evaluation,	and Deve	lopment Pr	oject Gra	7					
40 + 45546	\											
	S AFFECTED BY P		(Cities, Count	ies, States, etc	i.): 							
Quilley, MA,	Rhode Island; San	i Diego, CA										
13. * PROPO	OSED PROJECT:						14. * CONGRESSIONAL DISTRICTS OF:					
* Start Date			* Ending	Date	V-1/40-1-1		* a. Applicant * b. Project					
10/01/2006			09/30/2	2007			5				MA 5, RI 1&2, CA 49&50	)
15. * ESTIMA	TED FUNDING:									ECT TO R	EVIEW BY STATE EXECU	JTIVE
* a. Federal		\$		125,261.0	04		ORDER 123			NI/ADDI IC	ATION WAS MADE AVAILAE	N E TO
* b. Applicant	t gones, gonesous										PROCESS FOR REVIEW ON	
* c. State		VESY					<b>✓</b> Y	/ES	DATE	01/06/2	2006	
* d. Local	JΔ	N 0 9 2	2006				b P	ROGR	AM IS NOT	COVERE	D BY E.O. 12372	
* e. Other		\$	^ !!A!!E!					R PRC	GRAM HA	S NOT BEE	EN SELECTED BY STATE FO	OR REVIEW
* f. Program I	Income STATE	CLEARING	<u> </u>				17. IS THE A	APPLIC	ANT DEL	.INQUENT	ON ANY FEDERAL DEB	Γ?
g. TOTAL	······································	\$		125,261.0	)4.		Yes	If "Ye	s," attach	an explan	ation.	<b>✓</b> No
18. * TO THE BE GOVERNING BO	ST OF MY KNOWLEDO DDY OF THE APPLICAN	SE AND BELIEI IT AND THE AI	F, ALL DATA PPLICANT WI	IN THIS API	PLICATION/P Y WITH THE A	REAPPLICA ATTACHED	TION ARE TRUE ASSURANCES IF	AND C	ORRECT. TH	IE DOCUMEI IS AWARDEI	NT HAS BEEN DULY AUTHORIZ D.	ED BY THE
a. Authoriz Representa	tive		* First Nan	ne: Davi	d			М	iddle Nam	L	.tt.	
* Last Name: Wetherbee  * b. Title: CFO				* c Tolon	Suffix:  Telephone Number (give area code): 978-261-1413							
	etherbee@ahpnet.	com				•	Number (give area code): 978-443-4722					
	of Authorized Repre		(	 Completed	d on submis				***************************************		Dieted on submission to Gr	ants.gov
-				,					3.11			O

		-	100
1/0	rsio	ኅ /	// )`•

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED December 30, 2005		Applicant Iden	tifier Version 7/03	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Un	it:		
Amador Water Agency			Department: Administration			
Organizational DUNS:			Division:			
627507536 Address:					rson to be contacted on matters	
Street:			involving this app Prefix:	First Name:	a code)	
12800 Ridge Road			Mr. Middle Name	Michael		
City: Sutter Creek			James			
County: Amador			Last Name Lee		and the second s	
State: California	Zip Code 95685		Suffix:			
Country: U.S.			Email: mlee@amadorwa.c	com		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
68-0029577			209-257-5207		209-257-5281	
8. TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate let		n Revision	G. Special District			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	9. NAME OF FEDE	RAL AGENCY:				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):  1 0 – 7 6 0  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Design and construction of a new Regional tertiary WWTP using Membrane Bioreactor (MBR) technology utilizing UV disinfection to produce an effluent that meets California Code of Regulations (CCR)  Title 22 standards for unrestricted reuse and appurtenances.			
Amador County, Ca	COSECT (Onics, Countrie	o, otatoo, oto.,,.				
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:			
Start Date: 2006	Ending Date: 2008		a. Applicant 03		b. Project 03	
15. ESTIMATED FUNDING:	2000				REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ORDER 12372 PRO	PREAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	The second secon	10,672,037		ABLE TO THE ST ESS FOR REVIE\		
	ECEIVED	00		December 30, 20		
c. State		. 00				
d. Local \$	JAN 0 9 2006		D. NO. 11 1		/ERED BY E. O. 12372	
e. Other \$		.00	☐ FOR R	EVIEW	T BEEN SELECTED BY STATE	
f. Program Income ST	TE CLEARING HOU	1 <b>5</b> E .00	17. IS THE APPLIC	CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		10,672,037	Yes If "Yes" att	•		
ATTACHED ASSURANCES IF	' AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPF THE APPLICANT AI	PLICATION ARE T ND THE APPLICA	TRUE AND CORRECT. THE	
a. Authorized Representative Prefix	First Name			die Name		
Prefix Mr.	James		M. Suff	īx		
Last Name Abercrombie			c. Telephone Number (give area code)			
b. Title General Manager			209	)-257-5241	(Alto pier code)	
d. Signature of Authorized Repr		e. Date Signed December 30, 2005				
Previous Edition Usable Authorized for Local Reproducti	on				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR			VIII		Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED December 30, 2005		Applicant Ider	ntifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
☑ Construction	Construction	4. DATE RECEIVED BY	I EDERGE AGE	T Cuciai idena	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizationa	al Unit:	
Amador Water Agency			Department: Administration		
Organizational DUNS: 627507536		4444	Division:		
Address:					erson to be contacted on matters
Street:			involving this Prefix:	application (give are First Name:	ea code)
12800 Ridge Road			Mr.	Michael	
City: Sutter Creek			Middle Name James		
County: Amador			Last Name Lee		
State: California	Zip Code 95685		Suffix:		
Country: U.S.			Email: mlee@amado	rwa.com	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)
68-0029577			209-257-5207		209-257-5281
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
☑ New		n Revision	G. Special Dist	rict	
If Revision, enter appropriate lette (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		10-760	South Shore L	ake Camanche includi	egional 2- MGD Membrane WTP at ing a water supply line from existing ine across Lake Camanche to
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties,	, States, etc.):	serve North Sh	nore Lake Camanche a	and appurtenances.
Amador County, Ca	•	,			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
2006 15. ESTIMATED FUNDING:	2008	**************************************	16 IS APPLIC	ATION SUBJECT TO	P3 REVIEW BY STATE EXECUTIVE
		00	<b>ORDER 12372</b>	PROCESS?	
a. Federal \$		7,133,979	_ a. Yes. ⊯ A∨	AILABLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	RECEIV		_	OCESS FOR REVIEW	
c. State \$	IAN 0 9 20	nna 1 .	_	TE: December 30, 20	
d. Local \$	JAN 0 - LI	. 00	b. No. 🗂 PR	OGRAM IS NOT COV	'ERED BY E. O. 12372
e. Other \$	STATE CLEARING			R PROGRAM HAS NO PR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$	AND THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF	. 00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		7,133,979 ·	Yes If "Yes"	' attach an explanation	ı. 🖾 No
18. TO THE BEST OF MY KNOW	AUTHORIZED BY THE	GOVERNING BODY OF			
ATTACHED ASSURANCES IF T a. Authorized Representative	TIL MODIO I MNUE IO AV	TANDED.			
Prefix Mr.	First Name James			Middle Name M.	
Last Name Abercrombie				Suffix	
b. Title General Manager	$\overline{}$			c. Telephone Number 209-257-5241	(give area code)
d. Signature of Authorized Repres	sentative			e. Date Signed	
Ju 4 VAC	Eil			December 30, 2005	

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICAT	TION FOR					OMB Approval	No. 0348-0043		
	ASSISTA	NCE		2. DATE SUBMITTED January		Applicant Identifier			
1. TYPE OF SUI	BMISSION:			3. DATE RECEIVED BY		State Application Identifier			
Application		Preapplication							
Construct		Construction		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Cons		Non-Constructi	on						
Legal Name:	ilei Okiaz iloie	···········			Organizational Unit:	<u> </u>			
	nford, Calif	ornia			Hanford Munic	ipal Airport (HJO)			
Address (give ci						umber of person to be contacted on m	atters involving		
319 North	Douly Stre	et l		CEIVED	this application (give are	ai code)			
Hanford, C	. •		l las	Part Inner I V Brans No.	Thomas J. Hag (559) 585-252				
		NUMBER (EIN)	1/	N 0 6 2006	TYPE OF APPLICAL	NT: (enter appropriate letter in box)			
p	6 0 0 0	3 4 5	JF	114 0 0 2000		· (como: 2)	<u> </u>		
9 4		X		OLEADING HOUSE	A. State	H. Independent School Dist.	7		
8. TYPE OF AP	PLICATION:	S	ATE	<b>CLEARING HOUSE</b>	[ '	LState Controlled Institution of Higher	Leaming		
	₩ New	Continuatio	on	Revision	Of Mid-Market	Jỗ Private University K∠ Indian Tribe			
			<del></del>		D. 10111101111	ka Individual			
If Revision, ente	r appropriate lette	er(s) in box(es)	j	l . J		M. Profit Organization			
A. Increase Av	vard B. Dec	rease Award C. In	crease	Duration		N. Other (Specify)			
D, Decrease D		spocify):				·			
	·				9. NAME OF FEDERA	LAGENCY:			
					Federal Aviation A	Administration			
	•	·							
10. CATALOG	OF FEDERAL DO	DMESTIC ASSISTAN	CE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
				20-106	Install 5,175LF of	MITL to complete taxiway rea	ignment		
TITI E:	Airport Image	ovement Program	, –			engineering services for under	grounding		
		SJECT (Cities, Countie		los, etc.):	of power poles at	R/W 32 end.			
	igs County, C	·	•	•		75			
		<del></del>				<u> </u>			
13, PROPOSED	PROJECT	14. CONGRESSION	AL DIS	STRICTS OF:					
Start Date	Ending Date	a. Applicant			b. Project	200			
6/1/05	9/30/05		20			20	ESUTATE		
15. ESTIMATED	FUNDING:					SUBJECT TO REVIEW BY STATE E.	YECOTIVE		
Mandaual		d*		čů	ORDER 12372 PR	QCE337			
a. Federal		\$		565,250	a YES, THIS PREA	PPLICATION/APPLICATION WAS MA	ADE		
b. Applicant		S		, oa	AVAILABLE	TO THE STATE EXECUTIVE ORDE	R 12372		
					PROCESS	FOR REVIEW ON:			
c. State		\$		, co		01/05/05			
		<b>.</b>		00	DATE	3			
d. Local		\$		29,750	h. No. T PROGRA	M IS NOT COVERED BY E. O. 12372	,		
e. Other		\$		00	□ OR PROG	RAM HAS NOT BEEN SELECTED B	STATE		
o, Omer					FOR REV	ÿ.			
f, Program Incor	(1)8	\$		۵۵.	1				
					17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL	DEBT?		
g. TOTAL		\$		595,000	Yes If "Yes," a	ttach an explanation.	₩ No		
14 TO THE BE	ST OF MY YMA	MI EDGE AND BELLE	=F A11		ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT, TH	E		
DOCUMENT H	IAS BEEN DULY	AUTHORIZED BY T	HE GO	VERNING BODY OF TH	E APPLICANT AND TH	IE APPLICANT WILL COMPLY WITH	THE		
ATTACHED A	SSURANCES IF	THE ASSISTANCE		RDED.		<u></u>			
	of Authorized Rep	presentative		b, Title		d. Telephone Number			
Jan E. Reyr				City Manager		(559) 585-2516	-		
d. Signature of	Authorized Region	esentaline				e. Date Signed			
Previous dillo	n Usable	7-60				Standard Form 424 (Rev.	7-97)		
, ,	ocal Reproduction	ou .				Prescribed by OMB Circula	r A-102		

TON DA	700 TO 11 TO 11 COM 00	MD ETNO	7VICE		At a second seco	TP.2
APPLICATION FO	706 04:16PM AQ DR TANCE	ILID LIJH	HYCE		2. DATE SUBMITTOD	Applicant Identifier  R9 Tracking #: 06-014
TYPE OF SUBMISSI Application	ION ,	Preappli	cation		3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction  √ Non-Construction	**************************************	□ Cons	truction Construction	/	4. DATE RECEIVED BY PEDERAL AGENCY	Pederal Identifier
5. APPLICANT INFOR	MATION					
Legal Name:	AIR QUALITY MA	NAGEM	ENT DISTRICT	Monthous	Organizational Unit:	
Address (give city, count		Bearing Bearing	CENED		Name and Italy when you have a Cabo	
21865 COPLEY DIAMOND BAR	DRIVE		N 0.4 2006		Name and telephone number of the person to be con- application (give urea code)  Mary Leonerd (909) 396-2780	tacted on matters involving this
6. EMPLOYER IDENT 953099419	IFICATION (EIN):		LEARING HOUSE	and the second	B. County I. State Contro Learning C. Municipal D. Township E. Interstate L. Individual P. Intermunicipal M. Profit Org	nt School District olled Institution of Higher versity se
* ***					9. NAME OF FEDERAL AGENCY:	Eny): Regional Agency
8. TYPE OF APPLICAT  √ New □  If Revision, enter appropr    □ A: Increase Aw   □ C. Increase Du   □ Other Specify;	Continuation  Revision Revisio		n.		U.S. Environmental Protection Age	ency
	PERAL ANCE NUMBER: 66.001 Pollution Control Program Su	<b>O</b> POT!	سىيىسى ئىلىنىڭ قۇرىيى دە ئالىلىنىڭ قۇرۇپى ئالىلىنىڭ تارىخى		11. DESCRIPTIVE TITLE OF APPLICANT'S PROS \$103 Homeland Security Monitoring	OJECT:
	BY PROJECT (cities, counti		- \-			,
Orange, and the n	on-desert areas of Lo o, and San Bernarding	S				
13. PROPOSED PROJECT:			14. CONGRESSIONA	AY.		
Start Date	End Date		a. Applicant: 24-4		b. Project: 24-48	
1/1/2006	6/30/2006				1	
15. Estimated Funding:					16. IS APPLICATION SUBJECT TO REVIORDER 12372 PROCESS?  3.  √YES. THIS PREAPPLICATION/APP	PLICATION WAS MADE TIVE ORDER 12372
a. Federal		\$		350,000		
b. Appliennt		5				
c. State		\$		<del></del>		
d. Local		\$		_		
f. Program Income		2			17. IS THE APPLICANT DELINQUENT ON ANY  Yes If "Yes" attach an explanation.	FEDERAL DEBT7  √ No
g. TOTAL		s		350,000	- 1 wo it i was attach an explanation.	7 170
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF. A F THE APPLICANT AND THE A	LL DATA IN T	HIS APPLICATION/PREAF	PPLICATIO	NARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN ASSURANCES IF THE ASSISTANCE IS AWARDED.	N DULY AUTHORIZED BY THE
a. Typed Name of Author Barry R. Wallerst	ein, D.Env.				b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized	d Representative	Xly	ten			e. Date Signed
revious Editions Not Usable	$\bigcirc$					Standard Porm 424A (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR	O DATE CUDINITIES	· · · · · · · · · · · · · · · · · · ·	14		Version 7/0	
FEDERAL ASSISTANCE	2. DATE SUBMITTED	12/28/05	Applicant Identifier			
1. TYPE OF SUBMISSION: Application Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier			
Construction Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Ide	Tifler	,	
Non-Construction  5. APPLICANT INFORMATION		:		RECE	IVED	
Legal Name:		Organizational Uni	t:	1111		
The Arc of Butte Co	ounty, Inc	Department:		JAN 0 4	2006	
Organizational DUNS:		Division:  Name and telephore	13	STATE CLEAD		
Address:		Name and telephor	ne number of	person to be conta	the orthodora the fis	
Street: 2030 Park Avenue		Prefix:	First Name:		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
Clity: Chico		NATIONAL NATIONAL	euu			
County: Butte		I ant Mama	Foluni	S		
State: CA Zip Code 9592	8	Suffix:				
Country: USA		Email:	hee ale	se Date al	obal net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give		1	area code)	
94-1746468		530 891-5	865	530 891	-5876	
8. TYPE OF APPLICATION:		7. TYPE OF APPLIC	CANT: (See ba	ack of form for Appli	cation Types)	
M New ☐ Continuation New ☐ Continuation New ☐ Continuation I Cont	on 🔲 Revision			4a		
See back of form for description of letters.)		Other (specify)	S. 7			
Other (specify)		Non Pro	RAL AGENCY	porution		
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	CE NUMBER:	USDA,	TITLE OF APP	LICANT'S PROJEC	<u>мешт</u> Т:	
	10-366	Adult	Day C	enter		
TITLE (Name of Program):		Adul+	Work A	ctulty C	enter	
12. AREAS AFFECTED BY PROJECT (Cities, Countie	es, States, etc.):	Admidat	- waster	office =		
Butte, Glown, Tehama		Mac act at		• [-[		
13. PROPOSED PROJECT		14. CONGRESSION	IAL DISTRICT			
Start Date: 21106 Ending Date: 2110	В	a. Applicant District	Two	b. Project	Tuo	
15. ESTIMATED FUNDING:		16. IS APPLICATIO	N SUBJECT T	O REVIEW BY STA	TE EXECUTIVE	
a. Federal \$ 1,430	0,000	a Yes THIS PI	REAPPLICATION	ON/APPLICATION V	/AS MADE	
b. Applicant \$	00	PROCE	SS FOR REVI	EW ON	ORDER 12372	
c. State \$	00	DATE:	12/28/0	5		
d. Local \$		b. No. 🔲 PROGR	AM IS NOT CO	OVERED BY E. O. 1	2372	
e. Other \$	00	OR PRO		OT BEEN SELECTI	ED BY STATE	
f. Program Income \$	00	17. IS THE APPLIC		ENT ON ANY FEDE	RAL DEBT?	
g. TOTAL \$ 1, 43 0,	,000	☐ Yes If "Yes" attac	ch an explanati	on. N	0	
18. TO THE BEST OF MY KNOWLEDGE AND BELIE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A	GOVERNING BODY OF	PPLICATION/PREAPPL THE APPLICANT AN	ICATION ARE THE APPLIC	TRUE AND CORR	ECT. THE Y WITH THE	
a. Authorized Representative Prefix	<u> </u>	Middl	e Name			
Mr. Mich	arel		ນ €	Pau		
Mc Ginnis		Suffix				
o. Title Executive Dinactor			30 891	er (give area code) -5865		
d. Signature of Authorized Representative	eliOMS	e. Da	te Signed			
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